

1 St. Louis Enhanced-Use
2 Lease Public Hearing
3 November 29, 2005
4 St. Louis VA Medical Center
5 John Cochran Division
6 Moderator: Marcena Gunter
7 Public Affairs Officer
8

1 MS. GUNTER: Good evening everyone and welcome
2 to the VA Public Hearing on Enhanced Use Lease for
3 Parking Structure for the St. Louis VA Hospital. I'm
4 Marcena Gunter. I'm the public affairs officers for the
5 VA Medical Center. Tonight's hearing will be
6 transcribed for the purpose of having it available on
7 the website for review and comment. We'll give you that
8 website address towards the end of the presentation.

9 We have a two-part presentation. The first
10 part will be the VA presentation, and that will be
11 followed by the public comment and question and answer
12 session.

13 As you can see from our agenda, we have our
14 welcome and introductions, our hearing overview,
15 enhanced-use leasing overview, as well as the VAMC
16 St. Louis project.

17 On today's panel we have several guests
18 joining us. Jessica Morris, Management Analyst of the
19 Office of Asset Enterprise Management. Glen
20 Struchtemeyer, Medical Center Director, St. Louis VA
21 Medical Center. Keith Repko, Chief Facilities
22 Engineering, St. Louis VA Medical Center. Over here to
23 my right we have Ed Bradley, Director Investment and
24 Enterprise Development Service, also of the Office of
25 Asset Enterprise Management. Carlos Escobar is the

1 Director of Capital Asset Operations for Network 15.

2 Also present is Michael Ramsey, Staff Attorney,

3 St. Louis VA Regional Counsel.

4 We will have the opportunity to hear from

5 each of our panel members as we go through our agenda. I
want

6 to talk to you just shortly about a few of the

7 procedural things. As you entered the room I hope you

8 had the opportunity to stop at our registration table

9 and sign in.

10 In addition to the signing in, we have a

11 separate sheet for the speakers. If you are interested

12 in asking questions or making comments, we do ask that

13 you stop at the registration table and just leave your

14 name there so we can call your name at the appropriate

15 time.

16 I would like to review for you some our

17 comment parameters as they do set the ground rules for

18 this evening's session. As stated in the public hearing

19 notice, the purpose of the hearing is to review the

20 comments of veterans service organization, local

21 residents or neighborhood organizations or other

22 interested parties regarding the VA's proposal. In

23 order to recognize those who would like to make a

24 statement for the record and the hearing we will proceed

25 in the following fashion. Each respondent will be given

1 up to five minutes to make a statement. The time limit
2 will be used so that concerns or ideas for all groups or
3 individuals can be heard. Those who previously
4 registered to speak at the registration table will be
5 recognized first. When your name is called we ask that
6 you stand up, state your name and the organization you
7 represent and make your statement for the record. After
8 all of these people listed on the registration are
9 called we will then take any comments and questions from
10 the floor. At that time we also ask that you follow the
11 same procedure, just state your name and organization
12 and your comment or question. We would like to ask that
13 you speak clearly and loudly as we don't have a
14 microphone today, but we do want to make sure we
15 accurately get your comments recorded so that we can
16 have them on record for our official purposes.

17 If you do not wish to speak but would like to
18 ask questions, please turn in your comment sheet at
19 table there or mail it to the Medical Center or you can
20 e-mail them. That information is on the bottom of the
21 comment sheets. If you are interested in either mailing
22 them or e-mailing your comments just look there.

23 We will attempt to address as many questions
24 or concerns that you have. However, I do need to
25 reiterate that the purpose here is to identify those

1 questions and concerns and take them under consideration
2 as we proceed in this process.

3 MS. MORRIS: Good evening everybody. I want
4 to take you through a few slides to kind of introduce
5 you to the enhanced-use leasing program. It was
6 originally adopted by the VA. As you can see on the
7 slide, it was originally authorized in 1991 and it's
8 going to be in effect to the year 2011. The
9 enhanced-use process allows the VA to lease its
10 properties or facility to private or other public
11 entities for a term of up to 75 years. The VA can
12 receive consideration in whole or in part through
13 revenue or in-kind in the form of facilities, space or
14 provision of good or services. In addition, the VA can
15 use minor construction money as a capital contribution.
16 And finally, funds received, in excess of expenses, can
17 be deposited into the Medical Care Collections Fund.
18 That is also known as the MCCF.

19 The law and the program is fairly unique to
20 the VA. It's been going for about 14 years fairly
21 successfully with about 44 projects awarded going up.
22 There are over 100 initiatives being studied as we
23 speak. And there are currently 45 projects that are
24 currently.

25 I just want to go through some benefits that

1 the VA really gains in pursuing this process for this
2 property. We have the opportunity to enhance services
3 for veterans and to improve the use of VA property. It
4 enhances the value and benefit of VA land and building
5 and may provide space for activities contributing to
6 VA's mission. Very important it did not monetize
7 excess profit that might be taking money from the
8 Medical Center or underperforming real estate or
9 underperforming capital. It allows VA to better manage
10 those assets that may be underperforming and leverage
11 value to support local needs and budgets.

12 Other benefits, it enhances the VA's property
13 and mission by working with private investments and
14 private developers and private non-VA uses. Other
15 benefits, it enhances the VA's ability to realign land
16 and buildings to meet changing missions without giving
17 up the VA's oversight. It enhances the VA's desire to
18 foster a win/win strategy with the local community
19 allowing us to work with the surrounding neighbors. And
20 then finally, it capitalizes on private sector expertise
21 and skills. The government currently has a reputation
22 of not doing that. This kind of gives them, the VA, the
23 opportunity to work with developers.

24 If we can speak to private benefits now. It
25 give access to VA land and local market opportunities.

1 We use familiar lease and business terms here using
2 risk and reward, private financing, uses, mixed use,
3 retail use, that kind of thing. We talk the same
4 insurance language, the same building standards. A lot
5 of times this generates great support among veterans and
6 the community. It creates development and other
7 positive things.

8 Local benefits that it creates for the
9 community. It revitalizes underutilized property in
10 accordance with local planning and zoning laws. It
11 provides goods and services to an area that is currently
12 underutilized and generates economic activity, jobs and
13 tax revenue for the area. And finally, just to kind of
14 explain the enhanced-use process and what the Medical
15 Center will be going through to start with the top
16 left-hand corner we already identified the interest here
17 at the Medical Center of what to do. A lot of medical
18 centers don't have that amount of property, so this land
19 was identified. The secretary has to approve the idea,
20 the administration has to develop a concept plan and
21 approve whether or not it enhances the Medical Center.
22 Through the process the concept plan is developed and it
23 will get approved. Once that's done a public hearing is
24 performed to announce to the public this is an idea that
25 the Medical Center has, that they want to move forward

1 with. At which point it will come to solicitation and
2 the negotiation of the lease with the developer. We
3 will solicit to the nationwide public about this idea.
4 And then at this point we will negotiate the terms with
5 the developers of that lease with the VA. The VA has
6 the leverage there. Very importantly the Office of
7 Management and Budget, which is the OMB here, will be
8 reviewing it if it's applicable depending on the terms
9 of the lease. Then we notify Congress about our
10 intentions. And they have a 45-day calendar to make its
11 decision. At which point we will execute the lease. At
12 the end of this process we will look for St. Louis and
13 how this process will run and how long it will take
14 later on.

15 MR. ESCOBAR: Good evening gain. Can you
16 hear me in the back? I'm Carlos Escobar. I'm with the
17 Capital Asset Operations Network 15 hospitals and
18 facilities which St. Louis VA is part of. I would like
19 to share with you this evening some relevant facts.
20 Basically you heard about the process and now I would
21 like to give you some information about what we are here
22 in the St. Louis area and how this project will come to
23 impact. Right now St. Louis VA Medical Center it's a
24 large complex, Medical Center. The John Cochran campus
25 is here downtown. There is a second campus. It's a

1 Jefferson Barracks campus. The operation here supports
2 the John Cochran division within the city.
3 According to the last to consensus we have served from
4 this medical complex 131,194 enrolled veterans. That
5 represents about 33,383 veterans a year. That also
6 amounts to close to 484,115 clinic stops per year.
7 That's basically the encounters that each patient
8 experienced in each one of the ambulatory care settings
9 areas.

10 Currently, according to the latest studies
11 done by the department, in a process called Cares.
12 We were able to determine the number of independent
13 consultants as well. We have projected a 48 percent
14 increase in outpatient workload in 2023. We have in our
15 office, we have been able to validate the numbers. We are
on
16 target for those projections. We know that at the time
17 that we did the projections our nation was not involved
18 in a conflict. We now know the statistics will continue
19 as the population, you know, continues to decline.
20 Another report and relevant fact for the importance of
21 this Medical Center at John Cochran is that it's the
22 only tertiary care facility from Poplar Bluff and
23 Marion, Illinois.
24 So what does that mean to us over here? It
25 means those patients that are served locally. They

1 serve 45 percent of the veterans. They travel and come
2 and serve more than 1500 employees, students, volunteers
3 and medical school staff who come to serve our veterans
4 at John Cochran. Currently we have 12 surfaced parking
5 lots totaling about 693 parking spaces in five different
6 areas. What the important point of that is we express
7 the challenge what we have and what that represents the
8 efficiency of operation of the facility. Based on that
9 information we have done an independent analysis and
10 completed a parking analysis. Based on the projected
11 population what we're going to be serving and the growth
12 of services we have identified there's a projected
13 deficiency of 1,169 spaces. That's pretty significant.
14 To alleviate that situation we currently feel that part
15 of the total, we also have come to a mitigate that
16 demand through the leasing of 400 spaces at a cost of
17 \$183,000 a year. One of the components that we have,
18 you know, with the ongoing parking use that results to
19 the workload that we serve is that a repeated complaint
20 is easy access, the patient being able to access
21 parking, you know, looking for parking space, being able
22 to get to your appointment, increment weather, and the
23 reality of being able to access the health care, that is
24 the least one wants to worry about. It's taking too
25 much time. People are complaining they don't want to be

1 looking for parking. So most of the current parking is
2 off site or is on the street. Just the reality of our
3 veteran population is aging and you don't come over here
4 to basically -- you come for health care service. Like
5 I said before, you don't want to be wondering around
6 basically looking for parking to be taken care of. This
7 challenge represents some challenges for us. Basically
8 it adversely impacts or presents some challenges with
9 regards to the staff and recruitment and retention. If
10 you want to be an employer of choice you want to have
11 convenient access to parking. And the reality is that
12 as we look at being able to support the expansion of
13 services, you know, access to parking, it's really a
14 kind of goes hand-in-hand with our ability to expand the
15 access to the services. And last but not least before I
16 end this slide what I would like to do, as I previously
17 indicated, we have congressional support from the State
18 of Missouri specifically encouraging us to look into
19 further development of this area and look for
20 alternative ways to basically make parking a reality for
21 here and specifically to look into the development of
22 the VA and joint private ventures. With that I would
23 like to turn it over to Keith Repko.

24 MR. REPKO: I'm going to talk a little bit and
25 expand on what Carlos talked about, and that is the dire

1 parking need that we have at the John Cochran Medical
2 Center. I'm going to talk a little bit about the actual
3 proposal. What we've proposed, note there are slides
4 for those of you in the back that can't see, it proposed
5 to lease two parcels of land, one two-acre lot across
6 from the Medical Center, and one 1.2 acre lot in front
7 of the Medical Center in exchange for at least 1,100
8 parking space structure. The selection will be based on
9 the perceived proposal, based on that proposal that best
10 addresses the needs for the parking at Medical Center as
11 well as being conscious of the neighborhood and
12 community. We want to be good neighbors as well.

13 For your bearing this is Grand Avenue. (Pointing
to map)

14 Currently we're somewhere probably right about here.
15 Here's the Medical Center. For those of you -- well,
16 we're here. Here's the Symphony Hall and the Fox
17 Theater. The two parcels of land that we're proposing
18 to lease is this lot here, which is two acres across
19 Grand from the Medical Center which we refer to as our
20 Yeatman parking lot currently. That 1.2 acres
21 immediately in front of the hospital is just currently a
22 surfaced parking lot.

23 I'm going to talk a little bit about the
24 potential use and the benefit of these two parcels of
25 land. The 1.2 parcel land immediately in front of the

1 hospital here, the developer potential there could be
2 that we would consider some permissible leasable space
3 on the first floor of the parking structure housed in
4 front of our facility. That would be potentially on the
5 street level of Grand Avenue. And we also propose there
6 would be potential revenue generation for the developer
7 by enhancing parking during the nights and evening
8 performances of the venues, the various venues in the
9 area. And the big benefit for the VA Medical Center is
10 that we would get safe, close, free parking for the
11 Medical Center staff, patients, veterans and family.

12 If you look at the two acre parcel of lot,
13 this one here, kitty-corner from the Medical Center,
14 potential use of that land includes residential,
15 commercial and institutional as well as any other
16 compatible market determined permutable use. That will
17 really be up to what the developer perceives as a need
18 for the community.

19 Benefits of this program for the VA, for the
20 community as a whole is that it enhances our ability to
21 improve our structure, our facility, provide better
22 services to veterans. It allows us to enhance those
23 services, and it allows us to expand. As you heard
24 earlier, the VA over the next 20 years, the VA Medical
25 Center here in St. Louis is expected to grow more than

1 48 percent in their outpatient visits. It eliminates
2 some of the costs that Carlos had mentioned that we're
3 currently leasing. And we can redistribute those costs
4 into direct care for our patients and our veterans. It
5 will also be a conversion of the lease assets and
6 interests and improvements to the VA at the end of the
7 lease. And also it provides economic impact to the
8 area, because whatever is proposed to be developed by
9 the developer as well as the parking structure provides
10 jobs, economic impact, payroll and taxes to the
11 community as a whole.

12 The schedule, let's talk briefly about that.
13 We're at the top here. This is the public hearing,
14 November 29th. So shortly on this Winter we will issue
15 out a solicitation locally and nationally to any
16 developer that is interested. It's due 60 or 90 days
17 after that. It will be due back. We will then form a
18 local and national team that will review those, and we
19 will early on next Summer we will have a designation
20 selection. We will then enter into some negotiations,
21 hopefully sign an agreement with the developer next
22 Fall, and really start the enhanced use of this project
23 next Winter, the Winter of 2006 and 2007.

24 So that's really the proposal in a nutshell.
25 It will be basic. It's very general purposely so that

1 we can not pin-in a developer into any specific use of
2 the land. Really we're asking the developers to tell us
3 what they believe the best use for both the VA and their
4 purposes.

5 MS. GUNTER: Thank you for the panel for that
6 informative discussion. It is a complicated process.
7 It has many benefits for us as users of the VA system
8 whether you're a patient, veteran, volunteer or
9 employee. So we do look forward to that.

10 At this point, though, we would like to move
11 forward with our process tonight, and we will go into
12 our public comment and question session. We have five
13 people that have put their name on the speakers list. I
14 will call the individuals in order in which they signed
15 in. The first on the list is Mary Love. She is with
16 AFGE. So Ms. Love if you would stand and give us your
17 statement or comments or questions.

18 MS. LOVE: My name is Mary Love, and I am
19 president of AFGE, American Federation of Government
20 Employees. The parking situation at the St. Louis VA is
21 not a new problem. We have all known there has been a
22 problem for many years. AFGE supports the construction
23 of the parking garage. What we do not support is the
24 fact that as exclusive representative of the bargaining
25 unit of the employees at the Medical Center that we had

1 to find out what a plan was that's going to effect our
2 employees, our staff through a public hearing. We talk
3 about the benefits that we're going to reap from the
4 parking garage, and we are all looking forward to those
5 benefits. However, you cannot exclude your employees.
6 We are part of this process. And to me this is a slap
7 in the face to the bargaining employees. Even though
8 the benefits are going to be good, we still have a
9 voice. And our voice has not been heard.

10 I do have a question to the administration.
11 That is, at what point in time will AFGE be provided the
12 entire plan for this project, because as of this moment
13 that has not taken place? Thank you.

14 MR. STRUCHTEMEYER: I think right now what
15 you're seeing is the extent of any formal plan that is
16 being presented at this hearing. In fact, that is the
17 purpose of the public hearing to put that information
18 out there for all interested parties to be made
19 available so you can provide comment and feedback on it
20 relative to the proposal. Much has been stated already,
21 it's a very generalized concept that's proposed at this
22 time. We wait until the actual solicitation process
23 occurs and we have proposals from various developers and
24 builders who may have an interest in engaging in the
25 lease before we actually get to the point of having a

1 more definitive project that will then go to the actual
2 negotiation and completion phase. Certainly when that
3 process is finished, as much as all other interested
4 that are out there, we will communicate this with them
5 not just through this hearing process but with the
6 notices that were published and letters that were
7 specifically sent to those interested parties including
8 the local union, which we did in fact send a letter to.

9 MS. GUNTER: Thank you, Mary and
10 Mr. Struchtemeyer.

11 Next on my list is Marit Clark Withrow.
12 She's with the Grand Center.

13 MS. WITHROW: My name is Marit Clark Withrow.
14 I represent Grand Center, the redevelopment of property
15 in the area. I just would like to say very briefly that
16 we were working with Veterans Administration for many
17 years to try to help alleviate the parking issues, and
18 we're very pleased that this process is being utilized.
19 We think it's going to be good for veterans, of course,
20 provide your parking and some retail hopefully for the
21 employees and patients of the hospital, but we're also
22 very happy for what it will do for Grand Avenue and for
23 the Grand Center area. We think that it's a real
24 opportunity to improve the appearance of the hospital
25 and to make it more noticeable. When you drive up Grand

1 Avenue now it's kind of stuck back. We see it also as
2 an opportunity to get other parking lots to the east put
3 into more productive uses for housing and commercial or
4 whatever the developers out there think we can do, so
5 thank you.

6 MS. GUNTER: Thank you for your comment.

7 Next on the list is Gary Parker, VA.

8 DR. PARKER: I'm Dr. Parker. I work in the VA
9 in Columbia, and I'm also a veteran. I may not have a
10 questions but more of a comment in the interest of the
11 veterans. What if no one bites on your bid?

12 MR. STRUCHTEMEYER: I will take that
13 question. Certainly in the year that I've been here
14 we've explored any number of options both before my
15 arrival here and after my arrival here. When we looked
16 at those different options we saw this as being the most
17 immediate potential to bringing a parking solution to
18 St. Louis. If this solution does not generate the
19 interest from developers, then we will certainly have to
20 step back and pursue other avenues. But all
21 perspectives that we saw out there, be it procurement of
22 additional property or any other expansions, the time
23 lines were much further out and much less clear.
24 Certainly legislative authority would have been required
25 to accomplish anything with the scope or magnitude that

1 this project involved, especially if an appropriation
2 was used. We also assessed the viability of parking
3 structures being paid for through direct appropriation
4 and felt that was a very low construction priority for
5 the VA. It would not be a viable solution for us to
6 look at. Certainly, though, again, if this does not
7 generate developer interest, then we will not stop with
8 the process. We'll look for other options.

9 DR. PARKER: As a veteran the parking is
10 lousy. I also did part-time work at the John Cochran
11 facility. It was lousy. But as a veteran I want to
12 make sure that that's an issue. We both know that the
13 issue of timing is everything. How many spaces are
14 currently serviced by the two lots?

15 MR. REPKO: About 400.

16 DR. PARKER: So we're going to gain 600?

17 MR. REPKO: Six to 700.

18 DR. PARKER: Now, where does that fit in the
19 time line of 50 percent increase by 2023? I mean you're
20 short 600 now. Are you going to gain some?

21 MR. REPKO: The proposal is actually open
22 ended. It's at least 1,100 spaces. Basically what the
23 proposed developers believe that they can economically
24 support through this project both through the VA and
25 through the developer. As you saw, our deficit right

1 now is about 1,100, so a little over 1,100. We'll lose
2 400 spaces, so that really brings our deficit up to
3 1,500 or 1,600. This will only provide at the minimum
4 1,100 spaces. Although it's open ended. If the
5 developer looks at this and says, you know, what, I can
6 make a go at this by making a larger structure than
7 1,100 DR.

8 PARKER: Even after you do all of this you're
9 still short 400?

10 MR. REPKO: Potentially, yes, for 2023.

11 MR. STRUCHTEMEYER: Part of our assessment was
12 through the projections for workload. There certainly
13 are a number of options available to the St. Louis
14 Medical Center to address that workload challenge, be it
15 at this campus or Jefferson Barracks campus or be it
16 community clinics. There's any number of ways that
17 we'll be able to address that future growth beyond what
18 this campus will be able to hold.

19 DR. PARKER: I assume that if this project is
20 going to be privately funded that you're going to have
21 contracting authority over it? It is going to be built
22 so if you need to add two more floors in 15 years you
23 can do that? That requires planning at this point to
24 build the structure underneath to be able to go up. Has
25 that been considered?

1 MR. STRUCHTEMEYER: I think what we would view
2 the need, if we had to do structurally, we would look at
3 other options that will still be on the property
4 footprint that we currently own and are not part of this
5 lease.

6 DR. PARKER: What you're saying is you haven't
7 planned for going up?

8 MR. STRUCHTEMEYER: Again, we have not gotten
9 any proposals back from developers that would even
10 envision what they see with the lot. What I'm trying to
11 tell you is from our perspective when you look at the
12 outward projection, if we have to look beyond the
13 parking structure at the front of the physical plant, we
14 still have options at the rear of the physical plant to
15 address parking concerns. We have not given away the
16 real estate for future growth.

17 MS. GUNTER: Mr. Parker, can we take some of
18 our other questions?

19 DR. PARKER: I have one more. Timing, how are
20 you going to do the timing on this when you build the
21 parking thing? What's going to happen when you're
22 building this thing? You're going to lose spaces on the
23 1.2 acre parcel, what's going to happen?

24 MR. REPKO: That will be part of the phasing
25 of the developer's proposal. They will have to tell us

1 whatever they have proposed development is is how they
2 plan to phase it in.

3 MS. MORRIS: And the VA can negotiate that.

4 MR. REPKO: We will have parking. It may be
5 remote during the construction or it may be phased.

6 DR. PARKER: So we won't go through a deficit
7 of six months to a year with no parking?

8 MR. REPKO: No. That will have to be -- part
9 of the package will have to be what the parking will be
10 during that time.

11 MS. GUNTER: Thank you, Mr. Parker.

12 At this point we will hear from Stanley
13 Brown. He'll provide his statement. He is the
14 President of the PVA.

15 MR. BROWN: Thanks the opportunity. Let me
16 make sure that I understand what the proposal will be.
17 The vacant lot now will be developed, and hopefully the
18 revenue from that will help fund the parking lot that
19 exists now to a multistory lot. Is that the big
20 picture?

21 MR. REPKO: That is part of the proposal, yes.

22 MR. BROWN: Funding to do the multistory lot
23 in front of our building now, the only way to fund that
24 is to do some commercial revenue producing I guess of
25 the Yeatman property? There is no budget to do that

1 without it?

2 MS. MORRIS: That is how they would fund it.

3 MR. BROWN: But there is not funds in the VA
4 for that?

5 MR. ESCOBAR: Appropriated funds.

6 MR. BROWN: That would be difficult.

7 MR. ESCOBAR: I would like to answer your
8 question. The specific request from Congress was for
9 the VA to look for privately VA joint ventures so that
10 appropriated funds didn't have to be used for the
11 purpose of constructing the structure.

12 MR. BROWN: So the Yeatman lot would be
13 revenue or the multistory lot would be free to visitors?

14 MR. ESCOBAR: Correct.

15 MR. BROWN: I am paralyzed. It's not safe to
16 cross Grand right now. So that would be great.

17 Wouldn't that multistory lot basically block
18 then the front of the building for the public? If I
19 have a safe way not to cross Grand, that's great. It's
20 not going to be an eyesore, though?

21 MR. REPKO: That will be part of the challenge
22 of making that appear as though it is not a parking lot.
23 It will blend to the Medical Center as well as the
24 community around.

25 MR. BROWN: That would be great. If you could

1 get it so everybody in a chair could not cross Grand,
2 that would be worth it.

3 An unrelated question a little bit right
4 now. The disabled spots in front of the front lot
5 require VA parking permits, which is appropriate.
6 However, to get that permit you have to be a driver of
7 the vehicle. It is good, but if you're unable to drive
8 and people have drivers and have to be basically driven
9 around you can't get one of those permits. Do you know,
10 is that something local or is that a VA-wide issue? Do
11 you know what I'm talking about?

12 MR. STRUCHTEMEYER: We'll look into that and
13 address that.

14 MR. BROWN: I would suggest the PVA be
15 involved as this project goes further so that the
16 disabled are involved in that process. Thank you.

17 MS. GUNTER:.. Thank you for your comment,
18 Stan.

19 At this point we'll have Jack Cox. He's with
20 AMVET.

21 MR. COX: Most of my concerns have already
22 been addressed by the very well presented presentation.
23 And I would say I'm very thankful if we get one parking
24 spot. I will be thankful for that. Everything starts
25 with the first step. I am one of four service officers

1 at John Cochran. I see an average of 60 to 80 veterans
2 a month. So if you multiply that by four and use the
3 maximum, we're looking at a lot of people. Do you know
4 the one thing they are most concerned with? They drive
5 50 or 60 miles and there's no place to park. Some of
6 them come indigent. Some come disabled. Some come with
7 one leg saying I parked four blocks down the street, and
8 then they come back and they get a ticket. They say,
9 you know, they gave me a ticket. It really hurts me,
10 and I hear this all of the time. There's a difference
11 in somebody that doesn't see the veterans every day in a
12 sense. I see veterans every day. Like I say, on
13 average 60 and 80. Probably, I know Mr. Struchtemeyer
14 can probably understand just because every month that we
15 have a service officers meeting and Mr. Struchtemeyer is
16 present, and that's one of the issues is the parking,
17 parking, parking. I have had this position for five
18 years. It is one of the first questions they ask, where
19 do you park around here. I have been hearing the
20 questions all of the time. They look to us for
21 answers. They look to the service officer for answers.
22 I don't have an answer for that. I do know that the VA
23 is working on something, and I just appreciate that we
24 are working on what we have to work on. I say 100
25 percent, I don't care what anybody says, I'm behind the

1 whole program. If we get two spots, great.

2 MS. GUNTER: That does conclude all of those
3 that at this time registered. At this time we'll open
4 it up to the floor for those who have questions or
5 comments from our audience.

6 SPEAKER: Really small questions. Are you
7 going to hand out the slides? I didn't take good enough
8 notes.

9 MS. GUNTER: I think we may be able to assist
10 you with that. I know we'll put our transcript on the
11 website. Make sure I get your name and we'll do that.

12 Any other questions or comments, any closing
13 remarks?

14 MR. COX: There was one thing, but I'm sorry,
15 I cannot remember. I'm 70 years old. I have a cousin
16 out there and before I retired I did some work for a
17 construction company that builds nothing but parking
18 garages here in the City. And I cannot remember their
19 name, but they would build the parking garages for
20 nothing if they got the lease for 10 or 15 years. Of
21 course, that's how they pay for it, and really somebody
22 should know that who is in this kind of business or
23 related to this or if this guy is still around. I
24 really don't know. It was my responsibility to get a
25 hold of all of the hospital in California and United

1 States and did this over and over again. I don't know
2 why I can't remember this. If somebody thinks about
3 that it should help. That would be one way to go. I do
4 know that they did other things for the VA in other
5 places. I do know that, because I wrote them up
6 myself. I know that can happen.

7 MS. GUNTER: We certainly would be interested
8 in that.

9 MR. NOEL: I'm George Noel, Missouri State
10 Counsel of Vietnam Veterans. This parking garage, who
11 will be managing this? Will it be managed by the VA or
12 the private developer?

13 MR. REPKO: The proposal is that it would be
14 managed by the developer.

15 MR. NOEL: So they're going to take this
16 structure on to take care of for 75 years?

17 MR. REPKO: For the term of the lease, and
18 then they would potentially be allowed to rent those
19 spaces on nights and weekends for revenue generation on
20 their behalf for the surrounding venues.

21 MS. MORRIS: We also have the ability to
22 manage that. If there was something in the management
23 that enhanced the development or the developer proposed
24 that they would want us to manage that certainly is on
25 the table, but it depends on the developer's plan and

1 the VA's interest in their proposal.

2 MR. NOEL: So they would be taking on a lot if
3 they're going to be taking this on. From past
4 experiences there's all kinds of things that happen in
5 that period of time. The concrete, that would be a
6 major thing if I was going to build a structure, but the
7 maintenance for that long of a period of time would be a
8 big thing.

9 DR. PARKER: Again, who is going to manage the
10 security.

11 MS. MORRIS: Same thing. It depends on the
12 developer.

13 MR. STRUCHTEMEYER: I think it's certainly the
14 local Medical Center's interest to ensure whatever is
15 negotiated that we provide as much as security with a
16 parking garage as we do the interior of the facility. I
17 do not see that negotiated away.

18 MS. GUNTER: Thank you. Any other questions
19 from the audience? Any parting comments? Thank you for
20 coming this evening. We appreciate your interest in the
21 VA parking structure. If you're interested in
22 submitting any comments or questions, you can e-mail
23 them to me. You can always complete or take one of the
24 comment sheets with you located at the rear of the
25 room. The transcript will be available on the St. Louis

1 website. Thank you very much for your attendance and
2 everyone have a wonderful night.

3 (Hearing Closed.)

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